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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04413

(3)

1. Corporation Name

H & K INTERNATIONAL, INC.

Principal Place of Business

4520 EAU GALLIE BLVD.
MELBOURNE FL 32935

Mailing Address

4520 EAU GALLIE BLVD.
MELBOURNE FL 32934-7216



3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNO, ANDREW P.
115 HICKORY STREET
SUITE 202
W. MELBOURNE FL 32904

81 Name

PRATIBHA GANDHI

82 Street Address (P.O. Box Number is Not Acceptable)

4520 EAU GALLIE BLVD

83

84 City

Melbourne

FL

85 Zip Code

32934

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

PRATIBHA GANDHI - V. President 1.7.97.

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MONTGOMERY, KENNETH L.
STREET ADDRESS 3400 JAY TREE DRIVE
CITY - ST - ZIP MELBOURNE, FL 32937

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME GANDHI, HEMANT R.
STREET ADDRESS 442 LANTERBACK ISLAND DR
CITY - ST - ZIP SATELLITE BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME GANDHI, PRATIBHA H
STREET ADDRESS 442 LANTERBACK ISLD DR
CITY - ST - ZIP SATELLITE BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME CHERLY, MONTGOMERY
STREET ADDRESS 3400 JAYTREE DRIVE
CITY - ST - ZIP MELBOURNE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME PATEL, BIPIN
STREET ADDRESS 4619 LONGBOW DRIVE
CITY - ST - ZIP TITUSVILLE FL 32796

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRATIBHA GANDHI

1.7.97

407-259-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0103246

CR2E034 (9/96)